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THE  
MEDICAL AND SURGICAL  
REPORTER:  
A WEEKLY JOURNAL.

S. W. BUTLER, M. D., }  
W. B. ATKINSON, M. D., } EDITORS.

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# THE MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,  
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PHILADELPHIA, NOVEMBER 5, 1858.

NEW SERIES,  
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## Original Communications.

### ON BELLADONNA IN GLANDULAR AFFECTIONS.

BY D. W. FOSTER, M. D.,  
Of Big Bend, Louisiana.

I WILL give the result of my trials with belladonna in some glandular affections.

Mrs. L. E. had been for several weeks troubled with a constant discharge of pus and milk through a fistulous opening in one breast, which had been inflamed and lanced. I advised ext. belladonna to the areola; but she applied it over the whole breast, and in a week the secretion of milk was arrested in that breast, and the orifice soon healed up.

Milly, a negress, suffered her breast to inflame beyond the stage of resolution before she reported her case to me. However, I ordered ext. belladonna applied freely. But it only had the effect of relieving the pain, and promoting a free flow of milk from the galactophorous tubes, that had not been so long engorged, even without suction. But the tubes ought to be entirely emptied of milk by suction always. Had the belladonna been applied earlier in this case, I presume it would have relaxed the tubes involved, and promoted a free discharge of the accumulation within them; and the inflammation would have thus been readily discussed.

Mrs. F. D's. case was similar to that of Mrs. L. E., reported above. I advised the ext.

belladonna to the areola. But in her case it only had the effect of causing a free flow of milk even without suction, and did not arrest the secretion. She may not have applied it extensively enough, or persevered long enough.

Mrs. F. was threatened, soon after the milk had become abundantly secreted, with milk abscess,—breast hard, red, painful, rigor, followed by fever. I gave nauseating doses of ant. et pot. tart. with magnes. sulph., and pushed them until emesis and catharsis were produced; had the ext. belladonna applied, and warm poultice laid on over that, and very soon the milk tubes relaxed, the milk was easily drawn out, the pain relieved, and the tenderness and fever gone. A few weeks afterwards she was threatened with the same symptoms in the other breast, and was as promptly relieved by the same treatment.

Mary, a negress, was threatened with inflamed breast, of which I was duly apprized. I ordered the treatment given above in the case of Mrs. F., with the same result. Not long afterwards the same negress suffered the inflammatory engorgement to continue until it was too late to arrest it, before she reported it to me. The abscess was opened, but belladonna did not arrest the secretion of milk. Possibly the application was not persevered in long enough.

Thus it will be seen, that although it appears to be an excellent remedy to relax the milk tubes and promote the free flow of milk, even without suction, (though suction should always be resorted to,) it will not always arrest the secretion of milk—or did not in my hands.

Perhaps it was not used as freely and as long as necessary.

Reasoning from analogy, I concluded to apply the ext. belladonna to a very painful and angrily inflamed lymphatic gland in the groin, caused from my saddle rubbing and irritating a boil just above my knee. The extract was applied at night. I visited a patient, and was up with him all night, and yet the next morning the inflammatory symptoms had disappeared, and I was not troubled with any more inconvenience. At another time, having freely applied ferri sulph. exsicc. on an eruption on my hand resembling tetter, (which I have never been able to cure with anything else,) and the irritation from the part having travelled up along the lymphatics to the glands in the axilla, and produced great pain, swelling, redness, etc., I applied the extract of belladonna freely, and all inflammatory symptoms soon passed away.

I would like very much if physicians would be more simple—less compound, in their prescriptions. Then they could observe, study, compare the different effects of different medicines in the same and in different diseases, and arrive at more definite and satisfactory conclusions. If all physicians would thus prove the therapeutical effects of remedies, and make known their unbiassed experience, we would progress faster and more safely.

Truth, in its simplicity and purity, is what we all want. Then let us be unprejudiced and patient in all our investigations of diseases and their remedies, and let the experience of every honest and competent investigator be added to the sum total of medical experience; then let the profession examine and weigh the evidence impartially, and decide more correctly.

Let no physician so far forget the dignity of the profession, or the serious responsibilities resting upon himself, as to unfairly report in favor of a pet theory of his own, or against the favorite theory of another, for in so doing he may mislead other physicians to the injury, the ruin or the death of many clients, and the discredit of our noble profession.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL:

SATURDAY, OCT. 23D.

Service of Dr. Gerhard.

#### DISEASES OF THE HEART.

These are common to both sexes, and are viewed favorably or unfavorably, as they are organic or functional. The use of tobacco, strong drinks, coffee, and many other articles, will cause palpitations. The organic affections may result from several causes: thus, they may be the result, directly or indirectly, of inflammation; the development of endo-carditis, which is an inflammation of the lining membrane of the heart, producing thickening of the valves, from the plasma poured out. Then they may result from pericarditis, an inflammation of the investing membrane of the heart, and resulting in an effusion of lymph, serum, and finally pus, if it continues. From the chronic affection of the heart, as an after result, we may have the lymph remaining as a permanent increase of the thickness of the walls, or a change of structure, as a contraction of the valves. Hypertrophy and dilatation may result also directly from inflammation. This occurs in a twofold manner. Thus, inflammation may produce an accumulation of blood in the part, and from this mechanical impediment, the heart by its efforts is enlarged by the muscular exertion thus induced; and next from the mere accumulation of plastic matter here, enlarging the heart. We may also have hypertrophy, and yet no disease of the valves; but these become affected secondarily after a time, and hence we infer that when one is present we have the other. They hold the relation of cause and effect; thus disease of the valves may produce hypertrophy, and hypertrophy may produce valvular disease. Then, in old persons we have a deposit of cartilage in the structure of the heart and vessels, afterwards becoming osseous; this is generally to a small extent, but it may cause sudden death. Then we often have aneurism of the aorta, as a result of the hypertrophy. He then showed some cases as illustrative of his remarks.

*Case 1.* A man, æt. 46. A waterman. Very regular in his habits. He was taken with palpitation about a year ago. Dr. G. remarked, that in the examination of patients we should carefully avoid all leading questions, otherwise we are liable to be misled by the patient.

This patient is compelled often to sit down

suddenly, from a pressure at the chest, and giddiness. He has a little wandering pain in the breast; it is a frequent occurrence that we have pain at the epigastrium, but it is not usually a violent pain, as organic alterations are not generally painful. We find the chest tolerably well formed; on the right side, it is a little more prominent. We have, on percussion, a clear sound on this side, but with a little dullness at the apex. On the left, it is duller below than above, with a flat sound over the heart, greater than in health, extending to a great distance. On ausculting, we hear a double bellows sound, approaching a rasping sound. We may, in fact, consider all sounds as bellows sounds, which differ in intensity. This sound is also found very perfectly at the arch of the aorta; though differing from that of the heart, which has muscular intonation from its own action. We notice a strong pulsation in the neck, and a turgescence of the jugular vein; though there is no pulsation of it here, we sometimes have it showing pulsation; we have also a thrilling movement of the veins, when we press them; all these symptoms are the result of aneurism. He has occasionally a congestion of the lungs, on account of the impeded circulation, and this must be relieved by rest, cups, and stimulants applied to the chest. We will put him on the use of digitalis gr. j, ext. valerian, f3j, three times a day. The impulse and the other symptoms show that he has hypertrophy. Can he get well? Our answer can only be in the negative. We can relieve him much, and he may, with care, live a long time, but he is liable to die suddenly.

*Case 2.* A woman, aged 56; been in the hospital 17 months, and during that time the aneurism of the aorta, under which she is laboring, has not much increased. She has slight œdema of the limbs, as a result of the heart affection; this may occur at any stage of the disease. She is short breasted, and has from time to time congestion of the lungs, coughing, and oppression, which disappear after a while. The thrill of the pulse is not decided; this results only from an impeded motion of the blood, and there is none in this case. If the tumor of the aneurism pressed on the aorta so as to impede the flow, the pulse would be small, but here we have it hard and full. In examining the chest, we should not strip the patient if we can help it, and especially if we are examining a female. We have also dullness of the chest on percussion, and this extends over the lower part of the chest, from the pre-

sence of fluid in the pleura. On this account auscultation gives but a slight sound of the heart. We have a double rasping sound at the semilunar valves, and a single one at the mitral; from these sounds we infer the presence of disease at these valves, and a moderate degree of hypertrophy. This patient would have died long ago, if she had been out of the hospital. She has been using sedatives, as digitalis and aconite, with diuretics.

*Case 3.* A man, also with a slight aneurismal disease. He has had palpitation five months. Dr. G. remarked that the idea adopted by some, that we can diagnosticate heart disease by the physiognomy is incorrect, as may be noticed in these cases: nothing peculiar presenting in any of them. Eight months ago he had an attack of acute inflammation from falling into a ship's hold. The same diagnostic marks, though to a much slighter extent, were here noticed, as in the other cases. He has, in conjunction with the cardiac affection, a slight bronchitis. We will give him,

R. Morphia, gr. ss.  
Water, f3ss., with  
Squills and lobelia, aa f3j.

We may increase the morphia, or substitute paregoric if necessary. Digitalis will not be used, as the action of the heart does not require it. Apply a warming plaster to the chest.

*Case 4.* Black man, aged 21. Palpitation for four months. Had rheumatism first, and this is one of its sequelæ. He has strong and thrilling pulsation; dullness over a considerable portion of the chest, and pulsation at the epigastrium. We have here hypertrophy, and valvular disease. There is also dilatation of the heart, which is known by the intonation of its sounds.

We must put him at rest for a time, and he may get well. Employ digitalis, in doses of 15 drops of the tincture with fluid extract of valerian, f3j, three times a day; and employ counter-irritation to the chest. He must abstain from all stimulating food or drinks.

Service of Dr. Norris.

#### GUN-SHOT WOUNDS.

*Case 1.* A man with a gun-shot wound in the hand. The thumb was amputated, and is now doing well. It was dressed with lint, cerate, and a splint, reaching to the elbow.

*Case 2.* A boy, with a laceration of the left hand, for which the forefinger was amputated at the metacarpal articulation, and dressed as



above. The splint is of importance to support the parts, and prevents the use of the hand, and subsequent inflammation.

*Case 3.* A man, who came in on Wednesday, from the effects of being shot in the face from a pistol. He will lose the greater portion of the lower lip, which is now sloughing, and may require a plastic operation.

A shot has entered the ball of the right eye, and he could not see at first. At present he sees better, but very indistinctly. Continue the poultice till the sloughing ceases, then bring the parts together.

#### DISLOCATION OF THE SHOULDER.

A man who entered this morning from the effects of a fall. The left arm is very painful from the head of the humerus being in the axilla. He cannot bring the elbow to the side of the body, and this is a characteristic mark. We find a depression beneath the acromion process. The only accident with which we can confound this, is fracture of the humerus high up; but in that accident we can always bring the elbow to the side, and we have crepitus, and no pain when bending the arm.

We shall try to reduce it.

Reduction was attempted by the usual methods, but failed until ether was given, when it was readily effected.

WEDNESDAY, OCT. 27.

Service of Dr. Gerhard.

#### LARYNGITIS.

This affection as often accompanying phthisis, is important. If the disease is chronic, it is very likely that it is connected with phthisis, and if there is aphonia the probability is increased. These circumstances will aid us in making a diagnosis.

A man aged about 25. Voice suppressed. This indicates disturbance of the vocal organs. This difficulty began about six months ago. He had a cough about three or four months before the aphonia commenced. He has been completely aphonic for five or six weeks, has had pain during that time, and is growing worse. About two years ago, he spit a slight quantity of blood after an attack of typhoid fever. Ten months ago a slight cough commenced, with which he has been troubled ever since. There is difficulty of swallowing from ulceration of the epiglottis. We find, on percussion, that there is dullness at the upper por-

tion of the left lung, while the right lung is clear. The respiration on the left side is a little rough, with a crackling sound. On the right, respiration is nearly natural, though a little rude. At the back respiration is rude, the vesicular murmur being rather feeble. On examining the internal structures, we find inflammation of the pharynx and larynx. There is not much pain on pressure externally. He has some pain in the ear from transmission of pain along the Eustachian tube. This is often the case. The tubercular disorder is less marked in this case than usual.

*Treatment.*—We may do something towards arresting the inflammation; but it is very difficult to cure these cases. We will have him chew slippery-elm bark for its mucilaginous qualities. We will touch the parts also with nitrate of silver. We might pass a sponge on a probang, charged with nitrate of silver, into the larynx, as it is perfectly possible to do it; but he never saw any decided good result from it. Externally, a blister might be applied over the parts; but he does not often use them in these cases, as they are of questionable use. At most, a mustard poultice will be all that will be required as a counter-irritant. The tubercular symptoms are to be combated in the usual manner, by the use of cod-liver oil, tonics, etc. *Small blisters* two inches square are to be applied under the left clavicle. In applying the solution of nitrate of silver to the throat, it must be of the strength of forty grains to the ounce of water. It will not do much good if of a less strength, and will be hurtful if stronger.

#### TONSILLITIS WITH PHARYNGITIS.

A woman, aged about 30, was brought in. Her throat is swollen. The other day she could scarcely articulate at all; but you perceive that she speaks now tolerably plainly, though there is still considerable huskiness of the voice. There was, at first, great difficulty in deglutition. This affection first came on last Monday week. She says she is not conscious of having taken cold, which, by the way, is a very good answer, for most patients will waste your time in tracing their diseases to obscure causes, which often have no connection with them. Her disease began with pain in the ear. For two days before entering the hospital she could not swallow at all. When she came in, the marked symptoms were swelling of the tonsils, inflammation of the pharynx, and suppression of the voice.

*Treatment.*—She first had a blister applied over the throat, then the suppurated tonsils were lanced. This is not often necessary, as they will generally burst of themselves. There was not sufficient fever to call for the use of diaphoretics. She then had a saline cathartic, and was kept on low diet for a few days. Bleeding is not adapted to these cases. It does not often do good. If there is no congestion of the brain it is entirely unnecessary. The principles of treatment are, first, the use of mucilaginous drinks, astringent gargles, as alum, etc., saline cathartics, then, if necessary, favor suppuration by the use of warm poultices. We will now apply to her throat a solution of nitrate of silver, 40 grs. to the ounce of water, and give her a little salts or a Seidlitz powder. There is not the slightest evidence of tubercular disorder in this case.

#### BRAIN DISEASE.

*Case 1st.* A woman, aged 52. You perceive she has no excess of fat. Has had brain disease slowly developing itself for about a year. She has had slight paralysis for some time. About ten days since she had mental disturbance. (He puts leading questions now, in order to save time, but such questions should always be avoided.) She complained of dullness, sleepiness, a distressed feeling, slight headache. She first had slight paralysis in her right arm, and then in her right leg. She has had no pain in the head since. The right arm is now paralyzed, and the left also very slightly, showing that there is slight effusion on the right side of the head. There is some distortion of countenance, the muscles of the face being drawn toward the *left* side. The speech is but little affected, though there is slight huskiness of the voice. The tongue is slightly red, but is not coated. She has had debility for a year, but paralysis came on suddenly. The rule you will find laid down in the books in these cases, is the abstraction of blood. But you must be cautious about following any rule. Be guided by the symptoms in each case. There are two varieties of paralysis, one from congestion, and one from direct hemorrhage. Bleeding sometimes does a great deal of good, and it may be general, from the arm, or local, by means of cups, leeches, etc., or blisters may be applied, or in some cases all these means may be employed. In the case before us we will have a blister applied to the back of the neck, let the patient have a mild diet, and see that her

bowels are kept regular. There is no evidence of softening in this case.

*Case 2d.* A man, aged about 50. He lately arrived in this country by steamer from Hamburg. On board vessel he had bad diet, and very little of that. You perceive that the power of motion is very much impaired on the left side. He says that a few days after landing he had giddiness, for which he took a dose of salts, and then resumed his usual course. Lives temperately. Soon afterward, he came to this city. One night he went to bed apparently well, came down in the morning at 8, felt giddy, went to bed again, and at 10 found that his left side was paralyzed. Hemorrhage had taken place very gradually into the right side of the brain. In most cases the hemorrhage is sudden. You perceive that there is the characteristic distortion of countenance from paralysis of the muscles of the left side. Hemorrhage on the brain usually occurs after the age of 50, and is generally the result of a change in the condition of the blood-vessels, there being a disproportion in the amount of their animal and earthy constituents, the former being diminished.

If this man had come in early, we should have bled and purged him freely, and he would very likely have escaped this hemorrhage. He *was* bled before he came into the house, and has been cupped since, and purged, and kept on a mild, unirritating diet, the object being to diminish the amount of red blood, and to retard its further formation.

Service of Dr. Norris.

#### FRACTURE OF THE HUMERUS AND RADIUS.

A man, aged about 40, was brought in. He came into the house about an hour ago, having fallen from the new cathedral, a distance of 60 or 70 feet. He has a compound, comminuted fracture of the humerus of the left side, just above the condyles, and no doubt extending into the elbow joint. The tendon of the triceps muscle is ruptured. There is also a simple fracture of the radius of the same side. We do not find that there is serious injury of the body. There is a severe contusion over the eye, but the bone seems to be uninjured. The patient is now laboring under nervous shock, from which he is, however, slowly recovering. His pulse was 130, and feeble; it is still feeble. Stimulants were given. For the present, we can do nothing but bring the sides of the wound together, dress with dry lint, and support it on an angular splint until

a consultation can be held. It is a rule of this house—and it is a good rule—that no capital operation can be performed unless the case is an urgent one, and an operation is required to save life, without a consultation of all the surgeons of the house. Such a consultation will be held at 4 o'clock this afternoon, and the probability is that, on account of the injury to the elbow-joint, it will be thought best to take off the arm. Amputation should never be performed until the patient recovers from the shock. If it is, the operation will add to the shock.

#### A BURN CAUSED BY NITRIC ACID.

A man, aged about 40, was brought in, who had received a burn from nitric acid on the inside of the left thigh, and on his left arm and both hands. The burn on the thigh is extensive, and considerable slough will probably come away. If the tissues should be destroyed to any great depth, there will be danger of sudden and alarming hemorrhage from the femoral vessels which lie beneath the burn. There is but little pain from the burn on the thigh, because the superficial tissues are completely destroyed. The superficial burn on the arm is much more painful. When the slough on the thigh begins to separate, there will be pain.

The linimentum calcis, consisting of equal parts of linseed oil and lime-water, was applied immediately on his coming into the house, and yesterday a poultice was applied to the burn on the thigh, with the view of hastening the separation of the slough. No class of accidents cause more suffering than burns, and even superficial burns are often very dangerous. If half the body is burned superficially there is always danger; and if two-thirds of it, recovery is hardly possible. The linimentum calcis is a good local application, and it is often necessary to give opium freely.

Several other cases were shown of various forms of injury, and the dressings applied; but they were not of sufficient importance to report.

#### UNIVERSITY COLLEGE HOSPITAL.

SATURDAY, OCTOBER 23D.

Service of Dr. Henry H. Smith.

#### DOUBLE CLUB-FOOT.

*Case 1.* A child, seven months old, had pes equinus combined with varus; both feet being equally affected. Dr. Smith stated that in

such cases it is his practice to commence the treatment by overcoming the varus. For this purpose an adjusting splint is used, (the ordinary club-foot iron as manufactured by Mr. Kolbe, of Ninth Street,) the application of which is continued until the foot is brought to its natural line, as happens when the treatment is commenced early, in a few months. The varus being overcome, an adjusting shoe is used to bring down the heel; or if the contraction is very great, or difficult to overcome, tenotomy is resorted to, and the tendo-Achillis divided, after which the heel is readily brought down, and the foot retained in a proper position by means of the shoe. The plan of treatment thus sketched will be resorted to in this case.

#### NÆVUS OF THE CHEEK.

*Case 2.* A boy, 15 months old, presented a prominent nævus, an inch in diameter, upon the right cheek. It was first noticed the fourth day after birth, and has been steadily increasing in size up to the present time. These growths consist entirely of blood-vessels held together by areolar tissue; they are not malignant, but may attain considerable size, when, in consequence of over-distention, they may rupture, and prove troublesome, or even fatal, from hemorrhage.

Of all the modes of treatment which had been suggested, Dr. Smith preferred extirpation when the situation of the growth rendered it practical. Hemorrhage, as a general rule, need not be dreaded, provided the surgeon carries his incisions outside of the nævus, and does not cut into it; most frequently the growth is supplied by a single large vessel which requires ligation. The operation will be performed, in this case, at an early period.

#### OCCCLUSION OF THE VULVA.

*Case 3.* A little girl, 8 months old, had suffered, some months ago, from an inflammation of the mucous membrane of the labia and orifice of the vagina, which, being left by the parents without treatment, had resulted in the adhesion of the opposing surfaces, and the closure of the orifice of the vagina, as well as the fissure of the vulva. The adhesion, however, was apparently slight, and would probably give way on the pressure of a blunt probe. On making the attempt this was found to be the case, and a mesh of lint, anointed with cerate, was introduced for the purpose of preventing reunion.



## STONE IN THE BLADDER.

The click of the sound made audible to a large class by a sounding-board attached to the sound.

*Case 4.* The boy who was exhibited on Wednesday, Oct. 13th, suffering under the rational symptoms of stone in the bladder, but who was not sounded on account of his temporary indisposition, was next brought before the class. Having been etherized, a sound was introduced and the stone felt, when Dr. Smith proceeded to attach to the handle of the sound a wooden sounding-board, by means of which the click was so increased in intensity as to be rendered distinctly audible to all who were present in the amphitheatre.

The operation of lithotomy will be performed upon this patient at an early date.

## AFTER TREATMENT OF LITHOTOMY.

*Case 5.* The boy on whom lithotomy was performed last Saturday, was brought into the room to be exhibited to the class prior to his return home. The favorable progress of this case has been noted in a former number; he is now discharged cured, the wound being completely cicatrized in 8 days.

CHRONIC INFLAMMATION OF THE BLADDER  
IN A FEMALE CHILD GIVING RISE TO SYMPTOMS RESEMBLING THOSE OF STONE.

*Case 6.* The little girl, who was sounded last day unsuccessfully, was now brought forward for the purpose of a thorough examination. Having been etherized, a sound was introduced, when, after careful examination, no stone could be felt. Her urine, which has been examined microscopically by Dr. Woodward, contained large numbers of pus corpuscles, and there is probably a certain amount of chronic inflammatory action in the mucous membrane of the bladder, which is the origin of the symptoms. This case will be made the subject of further investigation.

FUNGIOUS GRANULATIONS SIMULATING  
EPULIS.

*Case 7.* A little girl, aged 8 years, having had the deciduous canine of the left side of the upper jaw extracted, fungous granulations have freely sprouted up, and not being interfered with, have formed a smooth, round, oval tumor, twice the size of a pea, which might be mistaken for an epulis. The growth was shaved off on a level with the gum.

## LARGE FATTY TUMOR OF THE SHOULDER.

*Case 8.* A woman, aged 27 years, presented a large fatty tumor, about the size of the head of a child a year old, upon the front of the left shoulder. It has been growing three years.

The tumor was excised by making two elliptical incisions, so as to remove with it some of the excess of skin. After which, it was dissected from its attachments to the deltoid muscle. Some small cutaneous vessels, which bled freely, were ligated, and the wound having been brought together by a few stitches of the interrupted suture, and adhesive strips, was dressed with a cerate cloth and compress, retained in position by the spica of the shoulder.

We learn that this patient is convalescent, the wound having to a great extent united by the first intention.

WEDNESDAY, Oct. 27th.

AFTER TREATMENT OF OPERATIONS FOR THE  
REMOVAL OF TUMORS.

After the exhibition of a few minor cases which want of space prevents us from reporting, Dr. Smith proceeded to introduce the patients operated upon, on several former clinics for the removal of tumors. These cases were brought forward for the two-fold purpose of exhibiting the result of the treatment, and of making a few remarks upon the after-treatment of operations, and especially upon the proper manner of dressing wounds made in the removal of tumors. The cases exhibited, were the woman from whom the mammary gland had been removed; the two women from whom large adipose tumors had been taken, and the young man from beneath whose pectoralis major the large sero-cystic tumor, mentioned in our last number, had been dissected.

All these patients are convalescent, the wounds to a great extent having healed by the first intention.

Dr. Smith went, with considerable detail, into the proper manner of dressing and treating such cases, but our space does not permit any full account of his remarks.

## OPERATION FOR HARE-LIP.

A little girl, aged 8 years, was next brought before the class, laboring under single hare-lip, the fissure being situated on the left side of the median line. There was no fissure of the palate.

The child was etherized, and the edges of

the fissure being freshened and the lip dissected, free from its attachments to the gum, they were brought together by two hare-lip pins, supported by narrow strips of adhesive plaster.

Dr. Smith in remarking upon the case, called attention to the importance of dissecting the lip free from the gum, if, as generally happens, there are any adhesions, and of great watchfulness in the after treatment to insure success in this operation.

#### REMOVAL OF A PROLIFEROUS CYST FROM THE FEMALE BREAST.

A young woman, 18 years of age, presented a tumor the size of an orange, in the outer portion of the right breast, just above the nipple. It was not painful or tender on pressure, but was growing rapidly, having first made its appearance nine months ago, and gradually attained its present size.

There was no retraction of the nipple and no adhesion between the tumor and the skin. The mammary gland was freely movable, and the tumor was distinctly movable in the gland.

Careful examination showed that the tumor was smooth, but indistinctly lobulated and of considerable hardness, but without any sense of fluctuation, and that the touch could distinguish a well marked line of separation from the rest of the gland. From these symptoms, Dr. Smith had come to the conclusion, that in all probability, the tumor was not a malignant one. The absence of any retraction of the nipple, the movability of the skin over the tumor, and of the tumor in the gland, the circumscribed character of the growth, the absence of pain, and the healthy appearance of the skin over the growth, combined with the age of the patient, who was younger than it is usual for cancer to attack the breast, rendered it unlikely that the disease was of a carcinomatous character.

It presents, however, many of the characters of that class of tumors which have been described by the older surgeons under the name of cysto-sarcoma; though, if such be its nature, the absence of fluctuation renders it probable that the cysts are of small size.

The patient was perfectly healthy and suffered, as yet, little or no inconvenience, but as the tumor was growing rapidly, and in all probability would soon acquire a size which would imperatively demand relief, on account of the inconvenience it would occasion, it would be best to remove it at once before the operation should become more formidable.

The patient therefore being etherized, a single incision was made obliquely across the outer part of the breast, about an inch and a half from the nipple, and the tumor was dissected out. It was found to involve a small portion of the upper part of the breast, the remaining part of the gland being perfectly healthy. Some small vessels having been ligated, the wound was closed by a few stitches of the interrupted suture supported by adhesive strips, and dressed with a cerate cloth and compress retained in position by a few circular turns of a roller.

The tumor thus removed, was found to be enveloped in a dense capsule, and on being cut into, showed a sinuous central cavity, into which florid papillary growths protruded. The central cavity and several peripheral ones, which, on close examination, were found to be continuous with the central, being filled with a dense yellow serous liquid.

This growth, then, is evidently to be regarded as a cyst from the inner wall of which papillary vegetations have sprung, encroaching upon its cavity to such an extent, as to render the tumor almost solid. Cysts possessing such enormous growths are spoken of as proliferous cysts. From the distinct character of the peripheral sac or cyst, from the absence of milky juice when the surface of a section through the solid parts of the growth is scraped, as well as from its general appearance, and from the history of the case before given, it is improbable that this growth in any respect, partakes of the nature of cancer, though a variety of cystic disease of a cancerous nature does occur in the breast, and is designated as cysto-carcinoma.

A microscopic examination would, however, be made, in order to render the matter more positive.

We are informed by Dr. Woodward, to whom the tumor was handed for examination, that the opinion above expressed of the character of the growth was correct, and that the outer capsule was mainly composed of well developed endogenous growths, mainly of undeveloped connective tissue; no elements being observed which would indicate the presence of cancer.

#### JEFFERSON COLLEGE HOSPITAL.

SATURDAY, Oct. 16th.

Service of Dr. Dickson.

A man with a numbness of the hands and face. This symptom was an important warning, being an indication of approaching apoplexy. He has a slight turning of the tongue

to one side, when it is protruded. His pulse is slow. Now this may be the result of degeneration of the blood, or its too free flow to the brain. He has headache occasionally, which would lead us to infer the presence of a congestion of the brain. We must draw the blood from this part, and the best thing to commence with will be a cathartic; as,

R. Calomel, gr. j.  
Rhubarb, gr. v.  
Aloes, gr. ij.

Every two hours till it operates. The diet should be moderate; no meat or stimulants.

SATURDAY, OCT. 16.

Service of Dr. Gross.

CLUB FOOT.

Two cases of club-foot were presented. In one there was pes equinus with varus, or inversion of the foot. This is owing to the contraction of the tendo-Achillis. In dividing this tendon we must be careful not to interfere with the posterior tibial artery, by keeping the knife close in contact with the tendon. The knife employed has a flat, short blade, with a very small extent of cutting surface; this is passed in by a small opening, and the tendon divided by a sawing motion, taking care not to pierce the skin behind the tendon, which might prevent the usual good results. Apply adhesive plaster to this cut. Draw down the heel; keep it quiet for a few days, and we may not require any apparatus. The other case had both feet almost at a right angle with the leg. This was the result of the contraction of the tendo-Achillis and also the tibial muscles. The division of the tendo-Achillis was performed on one side, the other being left for a future operation.

#### SEBACEOUS AND PILOUS TUMOR.

A young man, æt. 16, with a tumor over the right eye, involving the upper lid.

This was an accumulation of sebaceous matter, from a closure of the orifice of one of these small glands. It was extirpated by opening, and then dissecting out the sac of the gland. A large amount of hair was found in the matter from this tumor.

#### CARIES.

A little girl, with her foot much swollen, just above the great toe; evidently a disease of the metatarsal bone. Chloroform was admi-

nistered, and an incision made, laying open the diseased point, and the necrosed bone scraped, or *scooped* out by means of chisels, etc. This is similar to the operations of the dentist in a carious tooth. Apply a cold water dressing, and keep at rest.

#### A PATIENT OF SIR ASTLEY COOPER!

Dr. Gross exhibited to the class a lady, aged 58, who had been operated upon by SIR ASTLEY COOPER for a cancer of the breast, which she had been troubled with for 13 years. About a year ago, a lymphatic gland became enlarged, and was removed. There is no appearance of any return of the disease. In the cicatrix, a cheloid tumor is present.

#### POLYPUS OF NOSE.

A man was shown, with an inability to breathe well through the nose, or blow it. Dr. G., with a long, thin pair of forceps, removed several portions of the tumor. Care must be taken not to catch the turbinated bones with the forceps. After the tumor is caught by the forceps, twist them around, and thus break off its attachment.

SATURDAY, OCT. 23D.

Service of Dr. Dickson.

#### CHRONIC DIARRHŒA.

A man who has been sick all summer; losing flesh; has very small stools; tongue with a red streak in its centre, and a whitish fur at the edges. He has been troubled with diarrhœa for some time. This disease, in Mexico and South America, is particularly unmanageable. Here, it only becomes bad by continuance; it easily recurs, and the patient relapses, so that will become alone a source of irritation. Let him take one grain of opium every night, and three grains of tannic acid every three hours.

#### MALARIAL FEVER.

A woman who has had malarial fever; now has hectic. Has tubercles in the lungs, in the first stage. Has yellowish expectorations. Pulse 110. Been taking cod-liver oil, and Dover's powder at night. Slightly improved.

#### TUBERCULAR PHTHISIS.

A man, aged 63, with persistent cough; evidently a tuberculous case. Give the cod-

liver oil, etc., and let him eat freely of animal food. Rub the chest with mustard as a counter-irritant.

#### BRONCHITIS.

A man, aged 41, with oppression of breathing; cough; spits blood; no febrile irritation; has bronchitis. Give him an alkaline and anodyne.

R. Muriate of ammonia, gr. ij.  
Dover's powder, gr. iij.

Three times a day. We only aim here at aiding nature.

SATURDAY, OCT. 23D.

Service of Dr. Gross.

Dr. G. showed the case of syphilitic ulcer, which was rapidly cicatrizing. Continue the treatment.

#### HIP JOINT DISEASE.

Dr. G. then exhibited several cases of tuberculosis of the hip joint. In each, he particularly instanced the symptoms of deformity, the child standing on one foot, with the other leg bent so as to incline it forward, the heel elevated; the buttock of the affected side flattened; the distance between the groove of the buttock and the trochanter being materially increased; the ilio-femoral fold having disappeared; the pain being generally referred to the knee, and thus causing a difficulty, and errors in the diagnosis.

*Treatment.*—In the first place, absolute repose must be insisted on, and the limb be placed in a carved splint, etc.

#### NÆVUS.

The baby with nævus in the forehead, previously operated on, was now presented. The tumor was much solidified, and Dr. G. tied the remaining portion by the same subcutaneous operation.

#### SEBACEOUS AND PILOUS TUMOR.

A boy, aged 4 years, with a tumor occupying the upper eyelid. Congenital. This was removed by an incision, and proves to be a mass of hair and sebaceous matter.

#### CLUB FOOT.

He next divided the tendo-Achillis on the left foot of the infant previously operated on, and exhibited the apparatus to be applied.

#### CARIES OF TIBIA.

Young girl, æt. 15 years. For three years has suffered with a disease of the tibia. He gave her chloroform, examined the ulcers, and then performed the operation of scooping out the diseased portions. This operation has been claimed as original by some modern surgeons; but it is as old as Hippocrates. He removed a number of dead pieces of bone, and laid open, while so doing, a large vein, the hemorrhage from which, he informed the class, would be stopped by sponge, etc., saturated, if necessary, with a strong solution of alum.

### Reviews and Book Notices.

**DISEASES OF THE URINARY ORGANS.** A Compendium of their diagnosis, pathology, and treatment. By William Wallace Morland, M. D., Fellow of the Massachusetts Society, etc. With illustrations. 8vo., pp. 579. Philadelphia: Blanchard & Lea.

This work is one of much merit, worthy of the careful perusal of every physician, and deserving of a place in his library, as a book of reference. We are in want of just such books as this work of Dr. Morland. The attention of the profession, although being aroused to a more close and attentive study of the urinary apparatus, is not yet sufficiently excited—nor yet made to recognise the extreme importance of a more full and careful examination of all the facts and arguments touching the diseases of the urinary organs, and especially those of the kidney. We are satisfied that too little attention is paid by physicians generally to diseases of the urinary apparatus—that many are too unlearned in their pathology and the means of diagnosing their maladies; and that of those who are intelligent, in relation to their morbid conditions, many are too slow and indifferent in applying the chemical, microscopic, and other means useful in determining the nature of their ailments. This work is very complete in pointing out the means which should be taken to arrive at a correct diagnosis of the urinary organs, and in language forcible and pointed urges the physician to their use. How many of us call to our aid the test tube, the specific gravity bottle, in short, all the chemi-



cal, microscopic and physical means which we can command, and which are so useful in determining the nature of the affections of the kidneys? How often are we satisfied with a bare inspection of the urine, deferring other and more important observations of that fluid until the negative results of our treatment, and the fast-failing condition of our patient excite our fears; when we take to our tests, and by their appliance discover that which we least expected—the presence of albumen, oil globules, waxy plates, epithelial scales, sugar, or some other abnormal element in the urine—and then, when suffering humanity is about to succumb to the oppressive burden of the disease, we abandon our empiricism, and betake ourselves to a rational and scientific treatment. This language may be found fault with. The over-captious and morbidly sensitive may regard it as too sweeping and too strongly denunciatory. If so, we cannot help it. We but speak the language of “truth and soberness,” and for its consequences we are not responsible. Before finding fault with us for uttering such sentiments, we beg the reader to place his hand upon his heart, and answer, if he, in every case of renal disease which he has treated, has, at the earliest period, made use of all the means at his command, for the purpose of forming a correct diagnosis? If he has, then the language does not affect him; but if, on the other hand, he has been slow and tardy, then has he “most grievously offended,” and is therefore culpable, and deserves more censure and stronger language applied to him, than we at present are disposed to use.

Apropos to this, we cannot forbear giving a short history of a case in which there was much neglect and carelessness of the kind to which we have referred that came into our hands in April, 1857. It was a case of Bright's disease, existing in an unmarried lady, aged twenty-eight years. According to her own history, although she had been in failing health for several years, did not become seriously ill until May, 1856, when she was seized with pain in the loins, accompanied with a sense of heat,

lassitude, œdema of the eyelids, face, and hands. Her urine was deficient in quantity and bad in color. From May, 1856, to April, 1857, she was in the care, at different periods, of six physicians, all of whom are regarded as men of intelligence and skill. Some of them occupy exalted places in the profession. Of the six, two pronounced her sufferings consequent upon disease of the liver; and one of these—a professor too, put her on mercurial treatment until mild pytalism was produced, much to her discomfort, and to the no little aggravation of her renal disease. One pronounced her disease dropsy, depending upon debility; the fourth, ulcer of the womb; and the other two, affection of the kidney. Could the four of the six of these physicians have made such incorrect diagnoses, not to say *grave* blunders, if they had used ordinary care, and had devoted the necessary time and attention in applying the means—the tests with which they were doubtlessly well acquainted—in determining the nature of the malady with which this unfortunate lady was suffering, and which ultimately destroyed her, as was demonstrated by a post-mortem examination. Her kidneys presenting that form of Bright's disease, called by some the hypertrophied fatty degeneration; each kidney being twice the normal size, and twice the normal weight. • These organs are now in our possession.

We should be pleased if we had more space, to give an extended notice of every disease, especially those of the kidneys, which Dr. Morland has treated of in his book; but the space in a weekly, by necessity, is limited, and therefore our notice will have to be limited also. As we have made some reference to “Bright's disease,” we shall, for the purpose of giving the reader some data upon which to base an estimate of the character and value of Dr. Morland's work, make some extracts from his article upon “Fatty degeneration of the Kidney” or Bright's disease. This article is very full, embodying, in a condensed form, all the important facts in regard to the nature, predisposition, causes, diagnosis, prognosis, and treat-



ment of that disease, which Dr. Barlow has remarked is "classed among the opprobria medicinæ."

Dr. Morland, in relation to the divisions and subdivisions of "fatty degeneration of the kidney," finds fault, as we think justly, with the numerous divisions made by some authors of this disease, these divisions tending rather to mystify than to enlighten. Dr. M. remarks: "Whilst Dr. Bright proposed three divisions alone, others have complicated the subject by making six and even eight different forms." Dr. M. makes but two divisions, the "hyper-trophied fat kidney and atrophied fat kidney;" both of which conditions he fully describes, and points out the difference in their pathology. In relation to the nature of fatty degeneration of the kidney, our author remarks: "The fact that fatty degeneration is not unfrequently a direct sequence upon other renal affections, should be remembered: particularly that it often constitutes an advanced stage of the non-desquamative disease. Many celebrated observers have laboriously investigated the nature of these affections, and to no single point has their attention been more perseveringly turned than to a solution of the important question: 'What is Bright's disease?' \* \* \*

A certain affinity belongs to the affections of any organ whatever—function being a constant quality, that which interferes with structural integrity touches the normal play of the apparatus; but different morbid processes do so in unequal degrees and with various results, whilst the general tendency is nearly, or quite the same. It has therefore been well remarked that the term 'Bright's disease' is liable to convey the idea of too positive singleness, and not that there is a class of diseases thus designated, whose pathology was first announced and explained by the distinguished physician, whose name is rightly attached to them." \* \* \*

\* \* "Fatty degeneration presents itself in two forms; one affords constantly large quantities of fatty matter when the disease is well established, the other, smaller but distinct depositions of the same nature. In one the kidney is in-

creased in size and weight; in the other, these are lessened—more particularly the size. In the large white, or in the mottled kidney, the tubes are finally filled with oil or other foreign matter, and rather tend to dilatation than to atrophy: in the granular contracted kidney they most frequently lose their epithelial lining and waste. \* \* \* The urine, it should be remembered, is scanty in the large white kidney, when compared with the healthy secretion, and is very albuminous: on the contrary, the small granular kidney is generally accompanied by a much more plentiful flow, and the albumen is less. Dropsy being generally occurrent in a proportion inverse to the amount of urine, we have a cogent reason in the above state of things for its frequency in the large white fatty kidney when contrasted with its opposite."

In the treatment of "Bright's disease," Dr. Morland favors the use of diuretics and evacuants, in the latter stage of the disease. We would say, that we have certainly seen much benefit, nay, restoration to health, result from treatment, the basis of which was diuretics, where all the rational symptoms, physical conditions, together with the developments made by the application of tests to the urine, demonstrated the existence of "Bright's disease." A favorite prescription of ours for "the relief of the dropsy, and for the excitation of the kidneys, is a diuretic mixture composed of potassæ acetæ, ʒiij., tr. scillæ, fʒj., tr. digitalis, fʒiiss., syrupus, fʒij., aquæ, fʒviiss., given to adults in tablespoonful doses, every two hours. We are confident, also, that we have seen potassii iod. in doses of eight to ten grains given every two hours in combination with tr. scillæ and tr. digitalis, of positive service in this disease. These remedies are slow in producing their effect, therefore we must be patient and persevering in their use, and not grow weary of, and lose confidence in them because the manifestation of their utility is not prompt and speedy. We must not be unmindful that we have an organ altered in structure to deal with—that but a portion of its tissue is in a condition to respond—and that

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the response will be slow or fast, much or little in accordance with the amount of healthy structure, and that any decided increase of functional activity, no matter how gradually it may develop itself, may be regarded as an evidence strongly indicative of the restoration of the organ to its normal condition. And then, as in the instance of the kidneys, if in conjunction with increased secretion of urine, we have diminished amount of abnormal elements, as we have seen by the use of the remedies referred to, we should feel at least that such results were encouraging and suggestive of a patient perseverance in their use, even though the improvement were slow, indeed.

We cannot dismiss Dr. Morland's work without the declaration that it is a good book, for which he merits, and we hope he will receive, the *substantial* thanks of the profession.

A. N.

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## Editorial.

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### A FEW WORDS TO THE PROFESSION.

The advancement or success of every profession depends upon the *energy* as much as the *ability* of its members. This will be equally true of a society, or any other combination of talents, and it is, therefore, necessary for each member of that society, or profession, to be prepared not only to lend his powers when called upon at certain intervals, but to exhibit *some* energy in promoting at all times the objects for which it may have been established. These remarks will particularly apply to the medical profession, and the various associations which are connected with it.

There is a highly commendable display of energy among a few, but as a general rule, medical men are inclined to cast all the burden of promoting the best interests of their profession upon those few who are always ready to work in its behalf. The majority are well satisfied to enjoy the results of this labor when brought to them in the form of a discussion in their society, only costing them the trouble to listen

to it, or a valuable article in a Journal, only requiring the trouble to read it. Such men are much pleased with reading the results of the patient research of a professional brother, who may have spent many tedious hours upon the work, but never for one moment give a thought to how much could be done by themselves in a similar manner. Not only have we noticed this lack of energetic desire for the good of their profession, since engaged in our editorial capacity, but repeatedly has it occurred to us, while on a committee in some Association, to find one after another decline to act as the opener of some debate, or take the initiative in any other matter which is acknowledged by all to be of immense importance. Finally, from meeting with so many rebuffs, gentle and courteous though they be, the committee, perhaps imbued with a certain share of the same apathy, cease to attend to their duties, and a storm of indignation bursts upon their devoted heads for allowing the business to languish, and perish from inanition.

We know of immense hoards, in this city alone, of intellectual wealth, which is miser-like kept in some dark closet, or strong chest of a brain, and not because of any want of good feeling for his associates in the profession, but simply in consequence of the apathy which affects to such a fearful extent the medical world. We say medical, because in no other branch of science are men willing to permit any portion of their knowledge to remain locked within their own brain, but are ever ready, in season and out of season, early and late, to contribute every particle that they may possess for the general good of all.

We say to each member of the profession, it is your duty not only to attend to your practice, and acquire all the knowledge you can, for the promotion of the health and comfort of those who may seek your advice and aid, but you owe it to your brethren, to your profession, to the world, as a sacred duty, to give them the results of your experience and observation.

Each and every one of you should connect yourselves with your County Society, and if

there is none in your vicinity, endeavor to imbue your co-laborers with sufficient spirit to start one, and once there, never to allow your energy to flag, but prepare your notes and queries, and submit what you have gathered, while you seek to obtain the collections of others. When you are puzzled with a case, meet some new form of disease, or discover a new adjunct to our armamentarium; having fully satisfied yourselves that there can be no mistake, do not wait for *time*, or anything, but hasten to spread the facts before those who are equally interested in the results, by means of the medical Journals or Associations.

### Periscope.

#### ON THE TREATMENT OF ANEURISM BY COMPRESSION AND WITH THE PERCHLORIDE OF IRON.

In our second number there was a notice of some cases of aneurism treated by Dr. John Reddy, of Montreal, and published in the *Spt.* No. of the *Medical Chronicle* of that city, by the means indicated above. That notice was too brief to do justice to the subject, and we again call the attention of our readers to it.

The first case was an aneurism in the popliteal region. This was successfully treated by the use of Carte's compressors alone. Pulsation in the part ceased eight days and four hours from the time the compressors were first applied, and the tumor gradually diminished, until, when he left the hospital on the 16th of July, it had nearly disappeared.

Dr. Reddy furnishes the following statistics of the treatment of aneurism by compression, which is worth copying:

"The number of cases now on record of the successful treatment of aneurism by compression, have completely established this method of cure as one that must supersede every other, where it can be made available. Mr. Tufnell, in a very excellent article in the *Medical Times and Gazette* for 1854, gives the particulars of all the cases, 47 in number, that had occurred in Dublin, between the years 1842 and '54. 36 were cured by compression; 3 died of other diseases while undergoing treatment; 1 unsuccessful; 5 were treated by ligature; and 2 underwent amputation. In a late work, published in Paris in 1857, by M. Broca, who it appears

has devoted a great deal of attention to the subject of aneurism, with reference to compression, the author recommends that this method should be tried two or three weeks, even supposing that the ligature may be considered ultimately necessary. He says that, from 1842 to May 1854, compression had been tried in 163 cases. In 12 it could not be long maintained, in consequence of the pain becoming intolerable. There remain 151 cases in which compression was continued with sufficient perseverance. From these, 24 must be taken, as the compression failed, from not having been properly applied. This leaves 127 cases to dispose of. Out of that number, 116 were successfully treated. The treatment was inefficacious in the remaining 11 cases, and every circumstance concurred to prove that in 6 of these compression failed from a peculiar idiosyncrasy, showing itself in the results of the subsequent application of the ligature. The average of deaths in the 127 cases was no higher than 5 per cent. I shall contrast with the above those wherein the ligature has been used. Dr. Crisp, in his book, gives the particulars of 188 cases, where the vessel was secured for popliteal or femoral aneurism. One-fourth terminated fatally, or were maimed for the rest of their lives. Mr. Phillips collected 171 cases of aneurism, affecting the lower extremities, which were submitted to the Hunterian operation. Of these cases, 57 (or exactly 1 in 3) were unsuccessful, in which all the patients except two died—not of the disease, but of the operation. Amongst the successful cases, secondary hemorrhage occurred 15 times. 59 of these cases required ligature of the femoral artery, 39 of which were unsuccessful, thus giving a mortality of two in three in the artery most frequently subjected to the operation. Mr. Norris gives a fuller report, his table consisting of 177 instances, (155 popliteal and 22 femoral.) 38 died; 6 recovered after subsequent amputation; 6 recovered after suppuration of the sac; 2 after gangrene of the foot; total, 56; so that one out of every three terminated fatally, or were to a certain extent maimed for life. M. Broca states the relative success in the treatment by compression and by the ligature to be, that 5 per cent. die under the former, and nearly 25 per cent. under the latter. Such an amount of evidence as the foregoing, in favor of compression, at least deserves the mature consideration of those who still advocate the more elegant and apparently quicker method by ligature.

"There have been but four cases of aneurism

treated by compression in this city, (Montreal,) and each has terminated successfully: one by Dr. Fenwick, traumatic aneurism of the radial artery, cured on the 31st day; one by the late Dr. Crawford, diffused popliteal, cured on the 21st day; one by Dr. Godfrey, circumscribed popliteal, cured on the 35th day; and the one now recorded, being the first that underwent this treatment in hospital."

Dr. Reddy next publishes the results of four successful cases of treatment of aneurismal tumors by the method of M. Pravaz, of Lyons, viz.: the injection into the tumor of the perchloride of iron, causing speedy coagulation of the fluids, and subsequent sloughing out of the tumor, and filling up of the cavity by granulation. The following statistics of the treatment of aneurismal tumors by injection, are interesting:

"In addition to the successful cases, detailed by me, I have collected the few following from various sources. M. N. Deslongchamps treated an aneurism of the supra-orbital artery, with complete success. One by Niepce, of popliteal aneurism. Another by M. Serre, of varicose aneurism at the elbow. One by Mr. William Adams, of the posterior tibial, from wound. One by Dr. Pavesi, of Bergamo, 16 drops were injected; in ten minutes it was solid; no trace in a month. M. Jobert injected 6 drops into a varicose aneurism, at the bend of the elbow; there was some difficulty at first, but finally succeeded. Mr. Lawrence injected 8 drops, two days in succession, into a nævus of immense size, upon a child's cheek; a cure resulted. M. Fallum injected varicose veins above and below the knee, in a man 52 years of age, followed by a perfect cure.

"M. Paul Broca, in the treatment of superficial aneurisms (known as wine spots,) blistered the part, then applied the perchloride of iron to the surface, with success."

Other substances have also been recommended, as liquor iodo-tannique by Deschamps; a solution of tannin by Messrs. Walton and Taylor, of London; lactate of iron by Dr. Brainerd, of Chicago; and a solution of acetate of lead by M. Lassanio.

#### DIET OF CHILDREN.

We obtain the following ideas on this subject, from the *Virg. Med. and Sur. Jour.*

Dr. Routh of the Samaritan Free Hospital, says, "The analogy of the comparative anatomy of warm blood animals, and the special anatomy of a child's alimentary canal, indicate that its

food should be animal. The child should not be weaned if it can be avoided, before the eighth month. At this period it may be allowable to give vegetable food, but animal is better.

The vegetable aliment selected, should contain chloride of potassium and phosphoric acid among its mineral ingredients, and a due proportion of plastic as compared with calorific matters; excess of starch being very difficult of digestion. If pap be given, it should be made with milk, so as to include fat and chloride of potassium in the compound, and not given in large quantities; above all, it should not be made with white town-made bread, which contains alum, and is nothing better than a slow poison."

#### CARBONIC ACID AS AN ANÆSTHETIC.

This article seems to have come much into notice within a short time. Several communications have recently appeared in foreign journals concerning its anæsthetic properties, and we are informed that some members of the profession in this city are engaged in experiments with it. An article appears in the *Dublin Med. Press*, alluding to some observations made by Dr. R. Jones, before the Surgical Society, on its use in diseases of the female bladder. The following abstracts on this subject, we obtain from the *Am. Jour. of Med. Science*.

"It is eminently useful as an anæsthetic and curative means in certain diseased states of the female bladder when injected into that organ.

It gives much relief in the painful sympathetic and organic affections of the uterus and neighboring organs, when applied per vaginam.

It is likely to prove beneficial in diseases of the bladder in the male, when similarly employed, and is deserving of trial in such cases.

Hemorrhage and incontinence of urine are by no means barriers to its employment.

Being a dangerous means of inducing premature labor, its use is contraindicated for such a purpose.

#### IODIDE OF POTASSIUM FOR DISPERSION OF THE MILK.

The *Amer. Jour. of Med. Science*, has the following from *Gazette des Hôpôt.* "M. Roussel, the Professor of Clinical Midwifery at Bordeaux, having observed the effect of iodide of potassium in diminishing the milk when given in the non-puerperal condition, resolved to ad-



minister it in cases in which the dispersion of this secretion was desirable. A woman who suffered from bad chapped nipples, had great and very painful engorgement of the breasts, attended with much fever. The iodide was given, and by the next day, the pain and fever had disappeared, its employment for three days producing the cure of a tumefaction that threatened abscess, complete. M. Roussel has since then tried it in twenty cases, and always with success. After the cure, the milk returns again two or three days after the suspension of the iodide. Its action is more decided in the dose of from six to eight grains per diem, than when given in large quantities. The excessive secretion of milk may be prevented or moderated by administering it on the first or second day after delivery.

When debility and lassitude are caused by its employment, its use ought to be suspended till these symptoms disappear.

It acts as a disinfectant, and removes the bad smell from the urine."

#### GALLIC ACID IN PURPURA HÆMORRHAGICA.

The *Amer. Jour. of Insanity* has a report of a case of purpura hæmorrhagica treated with gallic acid, with the most complete success. The patient was insane, and feeble. The tannic acid was used in doses of five grains, for about ten days, and as no good result followed, was discontinued and the gallic acid substituted in the dose of ten grains three times a day. Immediately a marked change occurred; the treatment was continued with an increased dose, and by the end of the month he was convalescent. Three months after, his dementia was less; and health otherwise excellent. At the time of the commencement of the disease, he was taking for anæmia, the *citrate* of iron, which is often employed for the cure of purpura.

#### GLYCEROLE OF ALUM AND WHITE PRECIPITATE IN ERYSIPELAS.

In the *Amer. Jour. of Pharmacy*, we find the following from *La Presse Méd. Belgique*.

"Dr. Anciaux, of Belgium, recommends the following preparation in erysipelas:—R. Alum in impalpable powder, 20 grammes; white precipitate, 1 gramme; triturate intimately; and, having put the powder in a vial, add glycerin, 90 to 100 grammes. Agitate the vial until the mixture takes the consistency of cream. The vial is to be shaken every time it is used."

## Medical News.

### MARRIAGES.

COOK—GALLAGHER.—On Thursday evening, Oct. 14th, by Rev. D. H. Barrow, Joseph L. Cook, M. D., of New Alexandria, to Miss Mary Jane, daughter of Mr. James Gallagher, near Pleasant Unity, Westmoreland Co., Pa.

FRENCH—FANK.—On Monday, Oct. 18th, by Rev. Joseph Clark, Miss Josephine A., daughter of the late Dr. R. M. French, of Fayetteville, Pa., to Mr. C. A. Fank, of the same place.

### DEATHS.

WATSON.—Dr. G. Watson died in this city, on Thursday, 28th of October, 1858, we believe of cancer of the stomach. Dr. W. was a Scotchman by birth, but had resided in our city for several years, and was favorably known to the medical profession, as also to the scientific world. He was connected with our City Medical Associations, the Academy of Natural Sciences, etc. He never aspired to prominence as a practitioner among his medical brethren, but was much esteemed on account of his social qualities, and his quiet, unobtrusive manners.

TO CORRESPONDENTS.—Communications have been received from Drs. D. H. Agnew, of this city, Samuel R. Forman, of Hoboken, N. J., and E. H. Sholl, of Alabama.

PAMPHLETS.—The following pamphlets have been received: Transactions of the New Hampshire Medical Society, 68th Anniversary, held at Concord, June 1st and 2d, 1858; from Dr. Thayer, of Keene. Physiology, Pathology, and Therapeutics of Muscular Exercise, by W. H. Byford, M. D., of Chicago; from the author. Typhus Fever in Great Britain, by J. B. Up-ham, M. D., of Boston; from the author. Inaugural Address, delivered before the N. Y. Academy of Medicine, Feb. 3d, 1858, by J. P. Batchelder, M. D., President elect; from the author. Tableau of the Yellow Fever of 1853, in New Orleans, etc., etc., by Bennet Dowler, M. D., New Orleans; from the author.

Also, in exchange—The Sanitary Review, and Journal of Public Health, including Transactions of the Epidemiological Society of London. Edited by W. B. Richardson, M. D., etc. Quarterly. July No. received.



## PROSPECTUS.

As first a Quarterly, and then a Monthly, the **MEDICAL AND SURGICAL REPORTER** has been before the Profession for *Eleven Years*, and has established a reputation for Independence and Utility which has carried its circulation to the most remote parts of our land. It is due to the organized profession of New Jersey to say that it is chiefly indebted to their countenance and support for the position it holds. In its *Weekly form*, the **REPORTER** will not swerve from its past independent and utilitarian course; but rather, profiting by the experience of the past, seek a closer alliance with the profession, laboring with renewed zeal in the cause of medical progress.

To this end, it will be an earnest supporter of our National, State and other medical associations. It will ever keep a vigilant eye on the profession itself, endeavoring, without fear or favor, to correct abuses of all kinds that come under its observation, by advising its readers of them, always seeking to advocate the *right*, and to put down wrong, either in, or against, the profession. A watchful eye will also be kept on the public and every opportunity embraced to inculcate right views on the reciprocal duties of the profession and the public.

The *principal* object of the work, however, will not be lost sight of, viz.: to make the **REPORTER** a frequent and profitable means of inter-communication between the members of the profession. Original communications on medical subjects, with notices of new books, will always find a place in our columns, and a large part of each weekly issue will be devoted to reports of *Lectures* by distinguished Physicians and Surgeons; to *Clinical Reports* from Hospitals, etc., in this and other cities; and to *Reports of Medical Societies*, so far as their debates may be of general interest to the profession.

We shall also draw largely from the pages of cotemporaneous Medical Journals, both domestic and foreign, giving weekly summaries of whatever passes under our eye of general interest to medical men. In fact, no means that we can command will be left untried to make our journal an able exponent of American Medicine and Surgery.

To enable us to carry out our plans creditably to ourselves and to the profession of our country, we solicit an earnest and hearty pecuniary and literary support.

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S. W. BUTLER, M. D.,  
W. B. ATKINSON, M. D., } *Editors.*

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## HOW OUR WEEKLY IS RECEIVED.

EXTRACTS FROM CORRESPONDENCE.

*Morristown, N. J., Oct. 16th, 1858.*

"I have received two numbers of the MEDICAL AND SURGICAL REPORTER in its new form and dress, and am much pleased with its style, independence and practical character. I consider it a valuable journal for the medical practitioner."

*Abingdon, Ill., Oct. 14th, 1858.*

"I am extremely happy that you have effected the change in your—our—periodical, (for you are not the only owner of it,) from a Monthly to a Weekly. I was going to subscribe to the *Boston Medical and Surgical Journal* at the commencement of the coming year, in order to supply a want I had often felt; but as the REPORTER has the advantage in point of location, and having the interest of the profession at heart, I shall cheerfully support it, and welcome it as I have heretofore done, as the most pleasant face to my table."

*Baltimore, Md., Oct. 13th, 1858.*

"By issuing your journal in a weekly form it will truly enhance its value greatly. I trust that it will remunerate you sufficiently for the laudable change."

*Hagerstown, Ind., Oct. 8th, 1858.*

"Please send me half a dozen copies of your 'Student's Number,' and I will try what I can do with brethren by way of subscription. I like the plan, and hope the weekly may succeed."

*New Haven, Conn. Oct. 12th, 1858.*

"I am much pleased with the new form in which the REPORTER has appeared. I shall now read it more thoroughly than I have done heretofore, for the reason that it is more convenient for me to peruse a short weekly number than a large one at longer intervals."

*Darlington, Md., Oct. 7th, 1858.*

"I send you \$2 00 with the request that you will send me as many copies of your first weekly issue of the REPORTER as the money will pay you for. Let me congratulate you upon the new era that you have inaugurated in the medical literature of Philadelphia by the publication of a weekly periodical. A weekly medical paper is very much needed by the profession, and I have no doubt but that you will be liberally patronised in your laudable undertaking."

*Willow Grove, Del. Oct. 15th, 1858.*

"Please send me some 12 or 18 copies of the 'Student's Number' of the REPORTER with price."

### THE EYE AND EAR.

Dr. Turnbull's Fourth Annual Course of Lectures on the Medicine and Surgery of the Eye and Ear will commence at the Lecture-room of the College Avenue Anatomical School, on the 16th of October, at 9 A. M., and continue till March. The Course will be fully illustrated, and cases will be furnished to advanced members of the class.

A Public Clinic will also be held twice a week at the Western Clinical Infirmary. Fee for the entire course, \$15. LAURENCE TURNBULL, 1208 Spruce St.

### PRACTICAL INSTRUCTION IN OBSTETRICS.

Dr. Ely McClellan will give a Practical Course on the Science and Art of Midwifery, during the coming session. These lectures will be amply illustrated by the Manikin, Diagrams, preparations, etc. The Lectures will be given at such hours as will not conflict with the College Lectures. The members of the class will be furnished with cases to attend, under the supervision of the Lecturer.

Fee \$15. For further information, apply to Ely McClellan, M. D., 1110 Girard Street, or, at his rooms, opposite Jefferson Medical College.

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### Practical Instruction in Pharmacy and Materia Medica.

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The lectures will be given at Mr. Parrish's Laboratory, over his Drug Store, at the south-west corner of Eighth and Arch Streets, and will be accompanied with demonstrative instruction in the various pharmaceutical operations that the physician will be called on to perform.

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